



# **Nurse Delegation Program**

## **MAS Instructors' Manual for Training Medication Assistant Certification (MAC) Workers**

*For Programs Providing  
Mental Retardation Services*

# **MANUAL 2.1**

Alabama Department of Mental Health and Mental Retardation

[www.mh.alabama.gov](http://www.mh.alabama.gov)

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# **NURSE DELEGATION PROGRAM (NDP 2.1)**

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## SECTION 1

### INTRODUCTION TO NDP MANUAL 2.1

#### 1.1. Understanding the Medication Assistant Supervisor (MAS) Program

This manual is designed for registered nurses and LPN's who will train Medication Assistant Certification (MAC) workers at the local level. This manual is designed to supplement Manual 3 for the MAC workers and provides guidance on educational expectations set forth by the Alabama Department of Mental Health and Mental Retardation as well as the Alabama Board of Nursing. This training program has clinical and medico-legal significance. The MAC training program is essential to assuring that the MAC student passes the test. Documentation of the training program is essential in protecting the delegating nurse against potential liability.

The goal of the MAC education program is to provide safe, accurate assistance in the administration of medications. Safe execution of the MAC program signifies that the nurse has adhered to the guidelines and expectations set forth by the Alabama Department of Mental Health and Mental Retardation for the training of MAC workers.

Many non-health professionals have limited understanding of normal brain function and mental retardation. Persons with MR/DD exhibit unusual or disturbing behaviors. The MAS nurse must explain brain function and malfunction as well as preparing the MAC worker to provide humane, respectful care to disabled citizens.

The academic skills of MAC candidates will vary from high school education through advanced degrees. The MAS-RN/LPN may wish to review basic pharmacology included as a supplement at the back of this manual.

The MAS-RN/LPN should be familiar with administrative guidance contained NDP Manual 5.1 for mental retardation and 5.2 for mental illness or substance abuse.

#### 1.2. Getting Started

You should have the following materials:

1. Administrative Guidance (5.1 or 5.2)
2. Training Manual for the MAC (3.1 or 3.2)
3. Slide set for 3.1 or 3.2
4. MAC Facts for 4.1 or 4.2





## SECTION 2

### UNDERSTANDING THE REGULATORY BASIS FOR THE NDP

**2.1.** The actual Alabama Board of Nursing regulation that governs the NDP program is set forth in segments below in the introductory paragraph. The MAS nurse should be familiar with this document. The NDP program follows this regulation and limits the delegation authority for nurses. This document applies to all residential community programs certified by the Department of Mental Health and Mental Retardation.

**2.2. 610-X-6-.15 Alabama Department of Mental Health Residential Community Programs**

(1) The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to residents in those settings.

(2) Registered nurses or licensed practical nurse who provide nursing care in the residential community mental health setting may delegate specific limited tasks to designated unlicensed assistive personnel.

(3) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency.

(4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

- (a) Catheterization, clean or sterile.
- (b) Administration of injectable medications.
- (c) Administration of rectal or vaginal medications.
- (d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.

- (e) Tracheotomy care, including suctioning.
- (f) Gastric tube insertion, replacement, or feedings.
- (g) Invasive procedures or techniques.
- (h) Sterile procedures.
- (i) Ventilator care.
- (j) Receipt of verbal or telephone orders from a licensed prescriber.

(5) The task of assisting with the delivery of prescribed oral, topical, inhalant, eye or ear medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:

- (a) The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.

- (b) The mental health worker selected by the registered nurse or licensed practical nurse shall attend a minimum twenty-four (24) hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.

(6) The registered nurse or licensed practical nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(7) The registered nurse or licensed practical nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the mental health worker, including, but not limited to:

- (a) Training.
- (b) Competency.
- (c) Documentation.
- (d) Error reporting.

(e) Methods of identification of the right resident, the right task, the right method, and the right quantity at the right time.

(8) The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).

(9) The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

**Author:** Alabama Board of Nursing.

**Statutory Authority:** Code of Alabama, 1975, § 34-21-2(c)(21).

**History:** Filed November 22, 2005. Effective December 27, 2005.

## **SECTION 3**

### **UNDERSTANDING THE BASIS OF MAC EDUCATION FOR RESIDENTS WITH MENTAL RETARDATION**

#### **3.1. Overview**

The MAS nurse training familiarizes you with the standard teaching curriculum constructed by the Alabama Department of Mental Health and Mental Retardation to teach medication assistant certified workers (MAC workers) basic strategies in assisting with the dispensing of medications to residents with mental retardation. The MAC training program begins with your assessment of the individual MAC candidate and their ability to oversee this responsibility in a safe, effective manner. A MAC candidate should have sufficient literary skill to read the MAC manual's guidance and medication administration records. The MAC curriculum includes multiple components including: 1) proper administration of all types of allowed medication, 2) understanding common health problems for which medications are often prescribed, 3) understanding major classes of medications that may be administered to treat chronic health problems, 4) recognizing key changes in the resident that would cause the worker to consult with the nurse prior to administration of the medication, 5) understanding the rights of residents, nursing staff, administrators, and the individual MAC worker, and 6) basic understanding of the quality assurance system and the criteria used to determine when a medication administration error occurs, 7) understanding intellectual deficits produced by mental retardation and common behavioral problems. The 24-hour curriculum also includes 12 hours of hands-on training with employees to assure that they can execute tasks for which they have received education.

MAC candidate selection is essential. In some instances, workers will be trained at the time of hiring. The 24-hours of contact with the worker should allow sufficient time to determine whether they are capable of handling this responsibility. The MAS nurse has the right to determine that the candidate is not acceptable at any point in the training program. MAC certification requires three components: 1) passing grade on MAC Test 1, 2) passing evaluation of skill set assessment (practical), and 3) decision by MAS nurse to certify based on overall performance. A MAS nurse is not required to certify a MAC worker when the nurse believes that the candidate is not able to function independently as a MAC worker.

#### **3.2 Presenting Core Material to the MAC Candidate**

The MAC teaching program is divided into the MAC-1 and MAC-2 level. The MAC-1 level provides your MAC candidates with core information, while the MAC-2 provides hands-on training and mentoring. The MAC-1 is broken into 12 segments that discuss every conceivable preparation of medication and route of administration that is allowed under the regulations. The teaching cores are broken into three unit segments with 1 through 3 covering basic information on medications, while 4 through 9 discuss routes of administration and preparations. Considerable amounts of time are spent discussing

potential side effects of medication and the final 3 segments focus on medication errors, confidentiality and privacy and determining when to withhold medications.

The general public often has a limited understanding of mental retardation. Many persons with moderate to severe mental retardation engage in behaviors or symptoms that confuse or distress the untrained individual. The communication deficits that often occur in persons with mental retardation complicate administration of medications. Residents who engage in disturbing activities, such as head-banging or other self-injurious behavior, may intimidate MAC workers who wish to administer medications to these individuals. Part of the MAC educational process is providing basic information on mental retardation and offering workers basic information on common behaviors that will be encountered during the course of their work. You may be asked many difficult questions about mental retardation and considerable information is available to you on the Department's website: [www.ddmed.org](http://www.ddmed.org), where extensive discussions of behavioral and pharmacological management are included. A list of subject matter included on [ddmed.org](http://ddmed.org) is included in the back pages of this manual.

As the MAC educator, you should be familiar with all information and diseases that are included in the training manual. You can expect a series of questions from your students on basic anatomy, physiology, pharmacology, and drug-drug interactions. The MAC training manual contains additional information written for nursing professionals.

### **3.3. Included Materials**

**A. Printed Materials Available to the MAC Workers.** Encourage your MAC worker to use the abbreviated form of material based on fact sheets and checklists included in the MAC Facts.

This material provides essential information on health problems commonly encountered in our residential facilities. Individual residents may only use a modest number of medications to treat a limited number of diseases. You can choose to emphasize those diseases that are prevalent in your facility, e.g., hypertension or diabetes, while providing minimum basic information over diseases that are relatively uncommon in your facility, e.g., spasticity. The posttest covers all of the major illnesses because a MAC worker may encounter any of these medications in the course of their employment over the year.

**B. Key Background Information on the MAC Course.** The MAS nurse should be familiar with key psychiatric, medical and behavioral problems encountered in the person with mental retardation. The MAS nurse should emphasize cognitive and motor deficits, such as swallowing or communication problems that may be manifested in patients with mental retardation. Many non-medical individuals are unfamiliar with cognitive function and may be unaware that persons are unable to remember or communicate as a result of brain disorders. Many forms of cerebral palsy produce problems with swallowing or following directions during administration of medications. People with mental retardation have a high rate of seizure disorder and approximately 40% of residential residents have some form of epilepsy. The severity of seizures range from mild, staring spells and eye-blinking episodes up to the full tonic-clonic grand-mal seizures. The

MAC worker will assist you in determining how many seizures a resident receiving antiepileptic medications is having on any particular day. Residents with intellectual disability also have dental problems as well as general health problems. Spasticity is a fairly common problem for which individuals are given antispasmodic medications. Non-medical personnel often misunderstand spasticity as resistance to care or “being stubborn”.

The person with mental retardation often takes numerous medications to include anticonvulsants, antipsychotics, antispasmodic and others. Sedation and other mental status changes can occur during changes in prescribed medication or health status. Unrecognized adverse drug reactions are common in persons with mental retardation and the MAS nurse should alert the MAC worker to the value of observation in detecting these potentially dangerous, clinical occurrences.

The MAC worker may encounter numerous urgent or emergency problems with the resident to include seizures, change in mental status as well as behavioral abnormalities. Residents may exhibit aggression, self-injurious behavior, biting and other problematic behaviors. The MAC training presents an opportunity to discuss the role and limitation of medications in managing these behaviors. The MAC worker should be alert to the common kinds of problems and feel empowered to reporting this to the MAS-RN.

The MAC training materials include a substantial amount of information on psychotropic medications and the metabolic syndrome because many of our residents receive these drugs. We have included basic teaching material for the licensed professional over these subjects to assure that you feel comfortable teaching these subjects. We have also included training materials on seizure disorders and medications commonly employed to treat this disorder.

**C. Checklists for Clinical Observation.** Section 12 is particularly important for persons with mental retardation because these individuals are often unable to explain new health problems or physical changes. The MAC worker may be the only responsible person who sees a resident as they develop new and potentially dangerous health problems and has the necessary skill and authority to report those changes. The MAC 12 segment is a synthesis of many other skills, which were developed during the course of MAC 1-11, and the instructor should spend considerable time discussing each issue on the checklist. These checklists do not constitute an assessment because we do not want the MAC worker to draw a conclusion or act upon the findings. The required action is the same for all findings, i.e., notify the managing nurse.

The MAC worker and MAS nurse training program have been developed by a team of nurses and doctors drawn from community providers, the Department of Mental Health and Mental Retardation professional staff, and Board of Nursing personnel. All materials have been submitted to the Board of Nursing for approval and review. All practices and principles outlined in this document comply with existing Board of Nursing regulations, pharmacy regulations, and the Department of Mental Health and Mental Retardation guidance to individual facilities.

### **3.4. Preparation of the Students for the MAC Course**

The MAS nurse should explain the importance of the responsibilities associated with assisting with medications as well as expectations on the MAC student. The students are expected to appreciate their role in caring for individuals with significant health problems. Many non-medical persons have misconceptions, concerns, and fears about dealing with persons with mental illness or mental retardation. These concerns should be confronted early in the process to underscore the humanity of our residents.

Caregiving is a learned skill. Young adults who enter your workforce may have experienced a range of modeled-parental behavior from concerned, committed, supportive family members and parents to significant early life deprivation. The MAS teacher should be aware that MAC workers bring a range of caregiving attitude and knowledge to their employment.

### **3.5. Preparing the MAC Educational Material**

Each facility must have adequate numbers of MAC training manuals to assure that every trainee has their individual manuscript (NDP 3.1 or NDP 3.2). The facility may choose to recycle the manuscript or allow each MAC worker to hold his or her training manual throughout the course of the employment. Every worker must have a set of MAC Facts (NDP 4.1 or 4.2) that is available to him or her while they work (MAC Facts – NDP 4.1 or 4.2). The collection of fact sheets and checklists as well as vital information provides an important information platform to be used by the worker throughout the course of their employment. Workers have little professional support at 2 o'clock in the morning when questions arise about residents and this hand-guide provides easy, direct information. Workers often worry about calling the on-call nurse in the middle of the night and this handbook provides some intermediate step between never calling and calling with every concern.

### **3.6. Adding Supplemental Material to the MAC Course**

Supplemental material can be added to the MAC course by the MAS nurse. Information that pertains to regulatory concerns must be reviewed at the ADMHMR divisional level prior to insertion into the curriculum. Other education material such as information about medications, tips on certain diseases, etc., can be added at the discretion of the individual educator. Materials should not be added that contradict educational facts included in the MAC teaching guide (**NDP Manual 3.1 and 3.2**).

### **3.7. Presenting the MAC Educational Material to your MAC Candidates**

Educational materials must be presented under the supervision of the MAS RN or MAS LPN. Although home study is encouraged via the MAC manual 3.1 or 3.2, home study does not replace actual training in the facility. The actual educational program can be broken out into individual hours and the facility has flexibility to decide how many hour blocks will be completed and over what period of time. Nurses are expected to conduct a discussion and explanation for each of the 12 segments. The discussion sessions may be

lumped together into blocks of a maximum of three segments with adequate time between the nurse and the worker to assure that they have comprehension of the material. We estimate that on an average, the nurse will need to spend one hour of discussion time with each three blocks of educational material. The facility management team may assist with this program but the MAS-RN/LPN must conduct the education.

Discussion sessions should occur in an environment that is conducive to learning and discussion. Discussions should occur in a teaching format where student's attention is focused on the nurse. Each teaching objective for all 12 NDP 3.1 or 3.2 segments should be covered in the course of the discussion between the student and the nurse. The MAS-RN/LPN should specifically discuss each teaching objective and assure them that the student has met that learning objective. The training protocol specifically allows maximum flexibility to the MAS nurse because each training group will differ in level of knowledge about basic health matters as well as neuropsychiatric disorders and caring for persons with different disabilities.

The instructor should teach the students using the NDP handout included in Manual 3.1 or 3.2. A limited number of teaching PowerPoint slides is available for the MAS teacher. For those sections with fact sheets, the instructor must go through each fact sheet to assure that the students have mastered information on the fact sheet.

Section 12 includes checklists that cover when to contact a nurse. The training nurse must discuss all four checklists and present vignettes that are applicable to their resident population covering material in each of the four checklists. The MAS nurse must complete instructions in Column 3 for the checklist, and the 7 facts for seizure management.

**A. Employing Clinical Vignettes for Assistance with Teaching.** The MAC program is designed to be practical and applicable. We strongly encourage you to use examples of residents who will receive care from the MAC worker during the course of your educational programming. The discussion of each section could focus on residents who require specific kinds of medications who are suffering from specific health or behavioral problems. Some medications or medical problems may not exist in your resident population. We strongly encourage that you use past examples of your clinical care to highlight issues in administration of medication problem solving. You should select individuals with a range of disabilities that impact medication compliance.

**B. Teaching the Limits of Authority.** Although MAC workers are not authorized to perform any type of assessment or judgment, MAC workers should understand the types of sophisticated, clinical judgments made on a daily basis by nursing staff. Your discussion of how you approach specific kinds of problems helps the MAC worker to understand the importance of their duty and the complexity of these tasks.

“Skilled” services or interventions must be performed by a licensed professional. Injections, suppositories\*, wound care and PEG tube feedings must be performed by

licensed professionals. This theme must be repeated several times during the course of the training to assure individuals can distinguish between skilled versus unskilled interventions.

**C. Teaching the Back-up System.** The Board of Nursing requires that a MAC worker have access to a MAS nurse at all times in order to have backup and authorization for PRN medications. MAC workers must ask permission for all PRN medications and report significant changes in the resident. The MAC workers must be trained to seek advice or consultation under specific circumstance such as significant changes as listed on the MAC checklist, refusal of medication and use for PRN medications. The on-call nurse may not be the MAS-RN/LPN who trained the MAC worker. Since all MAC workers and MAS nurses receive similar education, there should be consistency throughout the system. The MAC workers should be taught when they call the MAS nurse to maximize the use of the nursing time. The MAC workers can use basic checklists provided by the NDP program or additional materials developed by the facility that exceed the information included in the NDP materials.

This training program is based on the assumption that workers are familiar with the standard operation of your facility, use of medical resources in the community, and understanding how emergency services work. Prior to starting the course, the instructor should assure themselves that the worker understands basic concepts such as the role of pharmacists, paramedics, etc., and the difference between registered nurses, LPN's, and nursing assistants, etc.

### **3.8. Documentation of MAC Education**

Documentation for participation and attendance is done on a block-by-block basis. MAS nurse instructors are asked to evaluate the student's performance over each three-block segments as part of their overall rating for the student. These records must be maintained along with other documentation to assure that the MAC worker has accomplished the necessary tasks.

### **3.9. Evaluation of Candidates**

Students are evaluated on a qualitative and quantitative basis. Qualitative assessments are performed on the MAC Worker Observation Educational Sheet. Test performance must exceed 90% after three attempts.

*\*The Alabama Board of Nursing may change this ruling to allow MAC's to assist with Diastat suppositories.*



## **SECTION 4**

### **RIGHTS AND RESPONSIBILITIES UNDER THE NURSE DELEGATION PROGRAM**

#### **1. Rights of the MAC Worker**

- Proper education about medication assistance and orientation to the resident
- Support by the MAS nurse and other licensed professionals within the residence
- Access to consultation 24/7 by telephone about questions or concerns as to whether to administer medication
- Sufficient time to assure that each resident receives the level of care which is required under the MAC program

#### **2. Responsibilities of the MAC Worker**

- To follow all rules and regulations
- To carefully study all MAC material and know residents as well as possible
- To pay attention to the residents on a daily basis and listen to their concerns or complaints
- To ask questions whenever you are unsure about whether to administer a medication
- To recognize that there is no such things as a “dumb question” with regards to resident safety

### **RIGHTS AND RESPONSIBILITIES OF THE MAS NURSING STAFF**

#### **1. Nurses' Rights**

- Proper education about the NDP program
- Adequate time to educate assigned MAC worker
- Freedom to select and delegate to workers based on the worker's ability and attitude
- The right to refuse to certify or maintain a worker who does not demonstrate skills and professionalism sufficient to carry out this responsibility
- An adequate ratio of licensed professionals to MAC workers in order to provide safe management and adequate consultation

#### **2. Responsibilities**

- Follow rules and regulations
- Assist MAC workers and respond to questions or concerns
- Communicate with concerned facilities
- Educate and monitor the MAC workers

## **RIGHTS AND RESPONSIBILITIES OF THE ADMINISTRATION**

### **1. Rights of Administrative Staff**

- Pick MAS staff capable of managing the NDP system
- De-select individuals not appropriate for these responsibilities
- Seek assistance from regional offices when problems develop within the NDP system

### **2. Responsibilities**

- Assure adequate staffing to meet the needs of the resident
- Assure appropriate response to adverse occurrences
- Assure that quality assurance data precisely reflects occurrences within the facility
- Educating MAC staff and other residential employees to nurses' responsibilities

## **SECTION 5**

### **CURRICULUM**

#### **Nurse Delegation Education Program Teaching Objectives**

- I. KNOWING THE CLIENTS AND THE DELEGATION SYSTEM**
  1. To recognize your clients strengths and weaknesses
  2. To recognize health changes of your client
  3. To explain your responsibilities as a MAC worker
- II. UNDERSTANDING MEDICATION**
  1. To define medication, there effects and side effects
  2. To recognize types and categories of medications
  3. To recognize various forms of medications, i.e. tablets, spansules, capsules, liquids, suspensions, topical preparations, inhalers, etc.
  4. To describe proper storage procedures for medications
- III. UNDERSTANDING PRESCRIPTION MEDICATIONS**
  1. To list and apply the 6 rights used in assisting clients with their medications
  2. To list the five categories of medications that MAC workers may assist clients with administration.
  3. To list the 3 primary expected effects that medications provide
  4. To recognize the difference between generic and brand names of medications
- IV. ASSISTING WITH ORAL MEDICATIONS**
  1. To describe the basic anatomy used in the GI system
  2. To recognize, explain and demonstrate the 14 basic rules of assisting with oral, sublingual and buccal medications.
  3. To accurately document, the client's having taken their medication on the Medication Administration Record (MAR).
  4. To Describe and demonstrate hand-washing techniques
- V. ASSISTING WITH TOPICAL MEDICATIONS**
  1. To explain the basic anatomy of the integumentary system
  2. To recognize, explain and demonstrate the 6 basic special points or rules, one should remember in assisting with topical agents and skin preparations.
  3. Recognize, explain and demonstrate the 14 steps used in assisting with topical medications.
  4. To accurately document the procedures on the medication sheet
- VI. ASSISTING WITH EAR DROPS AND OTHER EAR PREPARATIONS**
  1. To explain the basic anatomy of the auditory system.
  2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eardrops or other ear preparations
  3. To accurately document procedures on the medication sheet.

**VII. ASSISTING WITH NOSE DROPS AND OTHER NASAL PREPARATIONS**

1. To explain the basic anatomy of the nose and sinuses.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with nose drops and other nasal medications.
3. To accurately document the procedures on the medication sheet.

**VIII. ASSISTING WITH EYE PATCHES, EYE DROPS AND OTHER EYE PREPARATIONS**

1. To explain the basic anatomy of the eye.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with eye patches, eye drops, and other eye medications.
3. To accurately document the procedures on the medication sheet.

**IX. ASSISTING WITH INHALED MEDICATIONS**

1. To explain the basic anatomy of respiratory system.
2. To recognize, explain and demonstrate the 14 basic steps one should remember in assisting with inhaled medications
3. To accurately document the procedures on the medication sheet.

**X. RECOGNIZING AND RECORDING MEDICATION ERRORS**

1. To recognize that a medication error has occurred.
2. To explain the policy and procedure of reporting medication errors
3. To accurately complete the medication error or unusual occurrence report forms

**XI. RESPECTING YOUR CLIENT'S PRIVACY AND CONFIDENTIALITY**

1. To recognize the difference between privacy and confidentiality
2. To recognize the two most common mistakes made in confidentiality and privacy

**XII. MAKING A DECISION TO WITHHOLD MEDICATION FROM A CLIENT WITH MENTAL RETARDATION WHILE YOU CONTACT YOUR NURSE**

1. To recognize the 10 most common reasons why a MAC worker may choose to hold medications
2. To complete checklist 1-3 with the MAS nurse

**XIII. SUPPLEMENTAL INFORMATION ON MENTAL RETARDATION**

**XIV. SPECIAL PROCEDURES**

## SECTION 6

### MANAGEMENT OF RESIDENTS WITH SEIZURE DISORDERS

#### 6.1. Overview of Seizure Disorders in Persons with Mental Retardation

Seizure disorders are very common in persons with intellectual disability. Studies demonstrate that up to 40% of residents in residential programs for intellectual disability suffer from epilepsy. Many of the brain wiring problems that produce mental retardation also produce seizure disorders. Persons with both mental retardation and epilepsy will often have complicated seizures that are difficult to manage. Some residents with intellectual disability are unable to report seizures to their staff and staff observation becomes a major tool in the assessment and management. Almost all residential programs will deal with residents that suffer from seizures and residential providers should become familiar with this clinical disorder. Many seizures occur at night and staff may discover the resident unresponsive.

The management of residents with seizure disorders depends on the resident population, geographical location of the facility, and policy of the particular residential program. Each facility must have: 1) a specific policy on the management of persons with seizure disorders, 2) a management protocol for those experiencing an actual epileptic seizure, and 3) guidance on managing a medical emergency associated with a seizure.

A seizure is a general term that may apply for a variety of conditions ranging from starring spells to grand-mal tonic-clonic seizures. Seizures can produce injury to the resident and staff who are managing the individual. Any form of epilepsy has the potential of developing a generalized tonic-clonic episode; however, most individuals with tonic-clonic seizures have a past history of such event.

#### 6.2. Collecting Appropriate Information for the MAC Workers

All residential facilities should determine whether a resident has a history of a seizure disorder, the frequency of seizures, complications produced by seizures and the specific features associated with those seizures. Staff should be informed about the specific features of seizure disorders for individual residents and the specific features to monitor in the event that the resident has evidence of a seizure. **Example:** the resident has a “blank stare” and smacks his lips before he has a “big seizure”. This material is included in “Quick Facts for MAC’s” (NDP 4.1).

Seizures have four general phases: 1) the pre-ictal, 2) the ictal, 3) the post-ictal, and 4) the inter-ictal component. The pre-ictal phase refers to those events that occur immediately prior to a seizure, such as auras. An aura is an unusual, physical or sensory event that signals the possibility of a generalized seizure event. The resident may describe a strange taste, foul smell or unusual sensations prior to a seizure. The ictal event applies to those physical, sensory, and intellectual events that occur during an actual epileptic seizure. The post-ictal events refer to physical, intellectual or level of conscious changes

that occur for minutes or hours following a seizure. The inter-ictal phase refers to the resident's condition when not having a seizure or post-ictal. The nursing assessment should include those basic components.

Each resident's seizure is different and an individual may experience different events with different seizures.

### **6.3. Preparing the Staff for Seizure Management**

Staff should be properly trained to manage the physical complications produced by a tonic-clonic seizure as well as post-ictal confusion following the seizure. The facility should have an established

policy that alerts staff about the maximum duration of seizure prior to calling 911. Each resident in each facility may have individual policies, depending upon instructions from physicians such as neurologists.

The Nurse Delegation Program allows the administration of Diastat suppositories in patients with documented seizure disorder for whom the physician has provided specific instructions to administer the medication. The decision to use Diastat suppositories is a facility-by-facility judgment and each residential program retains the authority to determine whether their staff will use this intervention. The Department of Mental Health/Mental Retardation does not require a facility to use Diastat suppositories; however, the Board of Nursing does allow the use in specific emergencies.

### **6.4. Guidance on the use of Diastat Suppositories**

A Diastat suppository contains a benzodiazepine that reduces the likelihood that a resident will have an adverse event produced by a prolonged seizure, i.e., status epilepticus.

Status epilepticus is defined as continuous seizures that significantly increase the likelihood of harm to the resident with epilepsy. Status epilepticus can become a life-threatening event because the resident may not be able to properly oxygenate during the seizures. Status epilepticus is considered to be a medical emergency and may require extraordinary medical interventions to control the symptoms. The risk, severity, and treatment of each individual depend upon the unique clinical features of that individual. The insertion of a Diastat rectal suppository requires a specific order provided by a physician that allows the PRN use of this medication and that order should include specific instructions on the timing of the rectal suppository. The ordering clinician should understand the specific features of the resident's seizures and write orders that are specific to those resident's features, e.g., insert one Diastat suppository if resident has more than five minutes of continuous seizure motor activity.

### **6.5. Use of Suppositories**

A suppository insertion may require significant manipulation of the perineal region. Proper technique minimizes the potential risk to the resident. Female residents may represent a challenge to avoid the vaginal insertion of the suppository. The use of suppositories is limited by the Board of Nursing for a variety of reasons. Staff must be specifically trained on the use of suppositories for each resident. The nursing assessment should define any specific issues pertaining to the use of suppositories by non-licensed staff.

### **6.6. Comprehensive Management of Status Epilepticus**

Comprehensive management of status epilepticus is a multi component intervention, including recognition of seizures, determination of duration of individual seizures, physical management of the resident to minimize harm such as fractures, oral lacerations, etc., prevention of aspiration, appropriate use of the rectal suppository, and prompt transfer to an emergency facility for further assessment. Diastat suppositories are used as a method of managing the medical emergency of status epilepticus. The utilization of this intervention requires one of two additional steps: 1) immediate evaluation by an on-call, licensed professional to determine the need for transfer to an emergency treatment facility, or 2) immediate transfer to an emergency treatment facility without evaluation by the RN or LPN. Diastat suppositories should not be administered without the approval of the on-call nurse except in situations where paramedics are in route and the nurse has not responded immediately. Although contact with the on-call nurse is always preferable, in some instances the resident may require the suppository while EMS is in route to the facility for stabilization and transport. These policies should be determined at the facility level.

The use of Diastat suppositories should be reviewed on a regular basis by the MAS-RN/LPN to determine efficacy, appropriateness, and opportunities for improvement of management. Repeated use of Diastat suppositories by individual residents suggests the need for further consultation by an epileptologist to examine ways to maximize prescribed therapy that prevents seizures. A range of treatment interventions are available to residents with refractory seizures including vagal nerve stimulators, adjunctive therapy, and seizure surgery.





## **SECTION 7**

### **TEACHING THE RESIDENTIAL MONITORING PARAMETERS FOR MAC WORKERS**

#### **7.1. Overview**

Most MAC workers will have the common sense and judgment to identify residents who have experienced a significant change prior to administering medications. The NDP system has been designed to accommodate a range of judgments and expertise. Consequently, specific check sheets have been designed to identify common clinical alterations of the resident that MAC workers may encounter on a daily basis. The four major groups of resident changes include: physical appearance, mental status, behavioral manifestations, and vital sign changes.

#### **7.2. Explaining the Facility Monitoring System for Vital Signs**

Some facilities authorize the gathering of vital signs by MAC workers. These individuals may identify a change in vital signs during the course of performing their duties. The vital sign sheet provides broad guidance by which workers can identify potentially problematic alterations. None of the changes in vital signs carry directions beyond immediate report to the MAS nurse. The individual facility and nurse will decide how reports are conveyed and to whom these reports are given. Each facility is different and must create its own standard protocol for these occurrences. However, facilities must have a policy and procedure for reporting changes in residents to a MAS nursing professional by the MAC worker.

#### **7.3. Important Behavioral Changes in the Resident**

Behavioral changes are summarized in the list of “won’ts”, i.e., won’t walk, won’t talk, won’t eat, and won’t wake up. The suggested actions segment is specifically left blank so that the individual nurse can instruct the worker on what actions that nurse expects in the event that these dramatic changes occur in the individual. The nurse can add or delete from this list as they see fit; however, the MAC worker must be equipped with guidance on managing behavioral changes.

#### **7.4. Important Mental Status Changes in the Resident**

Mental status examination changes are common in persons with mental illness or mental retardation. The suggested action for mental status change can vary according to the resident and the facility. The teaching nurse will discuss each type of appearance change and provide workers with guidance on managing that change.

**7.5. Resident Appearance**

Resident's appearance may change on a daily basis. The MAC checklists summarize common potential, important changes in an individual. Each list must be discussed and completed by the nurse for the facility. For instance, some residents may appear normally pale and the course of action for those individuals is to do nothing.

The MAC worker will keep the appearance assessment sheet in their MAC Fact Book on the unit. The MAC worker should keep these guidances at all times to assure that appropriate actions are taken even if the supervising nurse is not available.

**SECTION 7. RESIDENT MONITORING FORM 1****Common Changes in Appearance of Residents with Mental Retardation that Require Immediate Attention**

<b>Resident Appears:</b>	<b>Possible Problem Causing Change</b>	<b>Suggested Actions</b>
Cold, sweaty	Infection, low blood pressure, low blood sugar, drug overdose	
Pale	Low blood level, anemia, infection	
Grey or dusky	Low oxygen, low blood pressure, low blood sugar, unrecognized infection	
Red-faced, warm	Infection, drug allergy, high blood pressure, drug intoxication	
Red-eye	Infection, increased eye pressure, eye injury, drug intoxication	
Rash	Drug or food allergy, fever, infection	

**NOTES:**



**SECTION 7. RESIDENT MONITORING FORM 2****Common Changes in a Resident's Mental Status with Mental Retardation that Require Immediate Attention**

<b>The Resident Appears:</b>	<b>Possible Explanation</b>	<b>Suggested Actions</b>
Sleepy	Infection, drug toxicity, seizures, low blood pressure, low oxygen, low blood sugar, drug intoxication*	
Irritable	Pain, drug toxicity, low blood sugar, drug ingestion*	
Confused	Drug toxicity, low oxygen, low blood pressure, seizure, low blood sugar, drug intoxication*	
Agitated or Aggressive	Drug toxicity, new health problem causing pain, seizures, low blood sugar, constipation, drug use*	

\* Illegal street drugs or alcohol

**NOTES:**



**SECTION 7. RESIDENT MONITORING FORM 3****Important Behavioral Changes in Residents with  
Mental Retardation that Require Immediate Attention**

<b>The Resident Won't:</b>	<b>Possible Explanation</b>	<b>Suggested Actions</b>
Walk	Pain, broken bone, stroke, heart problems, excess sedation, drug overdose	
Talk	Stroke, excess sedation, drug overdose	
Eat	Stroke, stomach problems, bowel problems, dental problems, infection, broken tooth, cut tongue	
Wake Up	Stroke, medication overdose, health emergency,	

**NOTES:**





## SECTION 7. RESIDENT MONITORING FORM 4

### Important Changes in Vital Signs of Residents with Mental Retardation that Require Immediate Attention

<b>Vital Sign Change</b>	<b>Normal</b>	<b>Immediate Report Level</b>	<b>Common Possible Causes</b>
High blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – over 160 Bottom – over 100	Pain, fear, anxiety, medication side effect, seizure, non-compliance with high blood pressure medication
Low blood pressure*	Top – 90 to 140 Bottom – 60 to 90	Top – less than 90 Bottom-less than 60	Internal bleeding, dehydration, heart problems, drug reactions, excessive medications for high blood pressure
Fast Pulse at Rest	60 to 90	Over 90	Pain, fear, drug reactions, seizures, heart problems, internal bleeding
Slow Pulse	60 to 90	Below 60	Heart problems, drug side effects
Fast Breathing at Rest	12 to 16	Over 16	Asthma, pain, fear, lung disease, heart problems, seizures, low oxygen in blood, pneumonia
Slow Breathing while awake	12 to 16	Below 8	Excessive sedation, brain emergency, low blood sugar
High Temperature	97 to 100	> 100	Infection, drug reaction, heat stroke
Low Temperature	97-100	< 97	Shock, severe infections

\*Systolic = top number

\*Dystolic = bottom number

### NOTES:



## SECTION 8

### UNDERSTANDING THE MAC PERFORMANCE ASSESSMENT SYSTEM

#### 8.1. Overview

The MAS RN or LPN is expected to supervise the MAC worker. Some nurses may have a few MAC workers under their authority while others may have many MAC workers in multiple homes. A quarterly assessment must be completed to assure that workers abilities are assessed on a sufficiently regular basis to monitor job performance. There is no defined minimum or maximum number of workers who can be supervised by a specific MAS nurse. The individual MAS nurse must make that determination on an individual basis. The MAS nurse is expected to be sufficiently familiar with the MAC workers to provide appropriate supervision.

#### 8.2. Using the Evaluation Instrument

The MAC assessment includes technical competence, professionalism, personal integrity, and respect for resident's rights. These four quality pillars should be examined on a regular basis.

The role of the supervising MAS nurse is supervisor for the specific task of medication administration and resident monitoring necessary for administration. Other aspects of the MAC worker's performance may be assessed and graded by other members of the management team such as punctuality, dress, and performing non-NDP functions. For the purposes of the MAC system, the nurse and the delegated MAC worker should function as a clinical team with the goal of providing best possible care to residents entrusted to their service.

#### 8.3. Quarterly Assessment of the MAC Worker

The MAS RN or LPN shall assess the performance of the MAC worker under their delegation authority on a quarterly basis. The quarterly performance review will include four domains: 1) technical competence, 2) professionalism, 3) personal integrity, and 4) respect for residents' rights. All workers will be scored on a 1 to 5 scale with 1 indicating unacceptable, and five indicating outstanding. The MAS nurse should define the specific measures for the MAC worker prior to commencing service.

**A. Technical Competence.** A technically competent MAC worker is an individual who consistently assists with medications without serious, avoidable errors. Any Category-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations. Technical competence also includes issues such as handwriting on the record, timeliness for reporting, techniques for administering medications and other typical measures.

**B. Professionalism.** Professionalism is defined by the MAC worker's ability to assist residents in taking their medications, providing compliance encouragement, monitoring for side effects, and offering basic help and encouragement as defined in the MAC Manual. Professionalism includes the worker's attitude towards residents and families of residents, as well as willingness to accept constructive criticism or direction from their supervising nurse. Professionalism also includes the worker's ability to problem solve and use instruments such as the resident monitoring forms.

**C. Personal Reliability.** Reliability focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and other rules that pertain to this program. Personal integrity is an essential component to this system because medication errors are often a self-reporting issue. Falsification of records is a serious event.

**D. Respect for Resident's Rights.** Respect for resident's rights is essential and evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.

**E. Assessing Medication Administration Errors.** Each medication administration error must be evaluated on an individual merit. The occurrence of an administration error does not imply incompetent workers or negligent practices. Administration errors are common in all healthcare settings but these occurrences are not acceptable as standard practice. All levels of healthcare professionals can commit medication mistakes. The occurrence of a medication mistakes does not necessarily indicate incompetence, but does require immediate evaluation and correction. Repeated mistakes or mistakes resulting from serious breach of practice standards may require specific actions by the delegating nurse or the facility manager. Delegating nurses have the authority to withdraw delegated authority at the time of an incident if the gravity of the incident warrants such serious actions.

**(See evaluation tool form on page 45)**

## SECTION 9

### Defining Essential Clinical Information For The MAS Trainer

#### 9.1. Overview

Intellectual disability is a complex psychiatric disorder that can be produced by over 200 separate diseases. The MAC worker must manage each individual resident on a case-by-case basis. The MAS nurse does not have a simple template for teaching about mental retardation.

The person with mental retardation has three distinct categories of issues that must be discussed during the MAC training: 1) intellectual disabilities, 2) behavioral or psychiatric complications produced by the intellectual disabilities and 3) health problems that are common in persons with mental retardation. The MAC worker may receive additional education as part of their new worker orientation and the NDP training program avoids redundancy with existing educational programs within the organization.

#### 9.2. Intellectual Disability

Intellectual function can be broken into specific domains including memory, communication, motor skills, and social processing. For instance, persons with autism have a deficiency in their communication and their social processing networks. Persons with profound intellectual disability may have deficits in most intellectual function domains. Most MAC workers do not understand how the brain functions and the MAS nurse must explain normal function in order to describe abnormal function. This information can be presented using a computer model and selective intellectual functions represented by specific programs within the computer. MAC workers will often conclude that inability to perform one function suggests that other functions should be intact. We recommend that you use specific residents with mixtures of strengths and disabilities to explain the “broken computer” model for cognitive function.

#### 9.3. Psychiatric and Behavioral Complications

Psychiatric and behavioral complications are common in persons with intellectual disabilities. The full ranges of symptoms are included on the website [www.ddmed.org](http://www.ddmed.org). We recommend that you encourage the MAC candidate to review the family section initially and then the licensed professional section for those individuals with better academic or learning skills. We recommend that you specifically cover hallucinations, delusions, self-injurious behavior, aggressive behavior and urinary continence. This material is included in the MAC worker test because MAC workers are expected to report back on the efficacy of psychotropic medications to the nurse.

The MAS nurse should discuss specific psychiatric disorders that are common in persons with mental retardation, especially schizophrenia, mood disorders, and anxiety disorders. Large numbers of individuals within residential programs receive psychotropic

medications; however, the overall efficacy of these drugs in persons with mental retardation is limited. Psychotropic medications can assist with specific defined psychiatric syndromes such as depression or generalized anxiety disorders; however, these drugs are less effective for difficult behaviors, such as resistiveness.

The MAS nurse should alert the MAC worker to the specific common kinds of behaviors seen in some residents. Screaming, self injurious behavior, elopement, biting and several other behavioral manifestations occur in persons with intellectual disability. The MAS worker should emphasize two important messages: 1) behaviors are rarely intentional or directed at staff, and 2) behaviors often occur because of other events such as stressors or health problems. The residential management team should have a developed management behavioral program for each resident that accommodates their special needs. Medications are rarely helpful for these kinds of symptoms.

#### **9.4. Health Problems**

Health problems are common in persons with mental retardation. Unrecognized health problems or medication toxicity are common causes of new behavioral problems in persons with intellectual disabilities. Medical problems often go unrecognized during trips to the doctor's office or visits to the hospital emergency room. Serious medication side effects that produce health problems are also common in persons with intellectual disabilities. The MAC teaching program includes extensive discussion about common health problems and the role of medication in handling those problems. Many health problems encountered by persons with mental retardation also require behavioral management such as dietary control, weight loss, exercise, etc. The MAC worker becomes part of the program to encourage those health behaviors.

Persons with mental retardation often receive psychotropic and neurological medications with predictable side effects. Antipsychotic medications can produce sedation, extrapyramidal symptoms, or akathisia. Antiepileptic medications produce a range of side effects, especially sedation and ataxia. Residents may be on a stable dose of medicine; however, the addition of other new medications may alter their metabolism and create a situation where the resident experiences drug toxicity. The behavioral and resident appearance checklists are designed to emphasize appearances associated with common drug side effects.

The MAC training manual includes extensive information about seizure disorders and seizure management. The MAS nurse should familiarize themselves with seizure disorders and common manifestations of epilepsy. Other neurological problems, including spasticity, can be a problem in the DD/MR population. Seizures often occur at night when nurses are not present. MAC workers must be familiar with the management of seizure residents and emergency interventions to safeguard the resident's welfare. A discussion about antiepileptic medications is not as important as the MAC worker's understanding of how seizures evolve and how to prevent serious or life-threatening injuries or complications. The interested nurse can obtain more information by calling

the National Epilepsy Foundation or logging onto their information website at [NationalEpilepsyFoundation.org](http://NationalEpilepsyFoundation.org)

### **9.5. Setting Realistic Goals**

MAC workers have a range of academic abilities and interests. The MAC program does not strive to create mini nurses with assessment skills; however, the MAC worker will spend far more time with residents than the licensed staff. The competent MAC worker should master basic clinical skills to assure completion of their assigned tasks. The MAS nurse should address the following issues: 1) does the MAC worker understand basic concepts of brain function, 2) does the MAC worker understand how mental retardation manifests as brain malfunction, 3) can the MAC worker recognize common psychiatric problems including hallucinations and delusions, 4) does the MAC worker understand why persons with mental retardation exhibit behavioral problems, 5) is the MAC worker aware of vulnerability to health problems for persons with intellectual disabilities, 6) does the MAC worker understand that new behavioral problems may be a manifestation of a health problem, and 7) does the MAC worker understand seizure management and care during a seizure emergency.





**CHECK LISTS, ASSESSMENT TOOLS  
AND CERTIFICATION FORMS**

**PAGE(S)**

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1. DELEGATION FORM FOR MAC WORKERS WHO HAVE SUCCESSFULLY COMPLETED COURSE AND PASSED APPLICABLE TEST .....	40
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Alabama Board of Nursing  
Alabama State Department of Mental Health and Mental Retardation

**Delegation to Unlicensed Residential Personnel:**

**Assisting Residents with Medication**

Facility: \_\_\_\_\_

FOR THE \_\_\_\_ YEAR THE FOLLOWING UNLICENSED (NONMEDICAL) PERSONNEL ARE ELIGIBLE FOR DELEGATION OF CERTAIN MEDICATIONS TO RESIDENTS:

DATE ELIGIBLE (Passing 24-Hour Course)	NAME OF UAP	JOB TITLE	DATES MONITORED COMMENTS (RN and Supervisor Regarding Delegation Practice)	DATE DELEGATION SUSPENDED OR REVOKED
1.				
2.				
3.				
4.				
5.				
6.				

\_\_\_\_\_  
SIGNATURE OF DELEGATING RN/LPN

**Notes:**



**DDMED.ORG****MEDICAL**

1. #8 Assessment and Management of SIB
2. #43 Assessment and Management of SMI
3. #31 Clinician's Guide to Medical Services
4. #42 Fact Sheet-Dual Diagnosis
5. # 29 Head-Striking SIB Management
6. #26 Management of Fecal Smearing
7. #3 Medical Assessment and Management of anxiety disorders
8. #54 Medical Assessment and Management of SIB
9. #30 Physician's Guide to Life Choices
10. #37 Physician's Guide for Surgical Management of Adult Residents with MR/DD
11. #45 Psychiatric Fact Sheet-Physician
12. #47 Screaming Behavior-Evaluation

**PHARMACOLOGICAL**

1. #13 Fact Sheet on Benzodiazepines
2. #16 Fact Sheet on Sedative/Hypnotics
3. #18 Fact Sheet-Antipsychotic Medications
4. #27 General Principles of Clinical Psychopharmacology for MR/DD
5. #39 Antipsychotic Medications-MR/DD
6. #34 Pharmacological Management-Aggression
7. #73 Fact Sheet-Mood Stabilizers
8. #41 Primary Care Guide to the Prescription of Benzo's for Adults with MR/DD
9. #70 Clinical Guide to Pharmacological Management of Schizophrenia
10. #35 Pharmacological Management of Anxiety Disorders
11. #40 Primary Care Guide for Prescription of Anxiolytic Medications
12. #57 Pharmacological Management of Mania-MR/DD

**BEHAVIORAL****Elopement and Wandering**

1. #52 Assessment and Management of Elopement and Wandering

**Fecal Smearing**

1. #72 Fact Sheet-Fecal Smearing
2. #26 Management of Fecal Smearing

**Aggression**

- #34 Pharmacological Management-Aggression
- #2. Primary care assessment and management Aggressive behavior-MR/DD

**Self-Injurious Behavior**

1. #8 Assessment and Management-SIB
2. # 29 Head-Striking SIB Management
3. #7 Assessment & Management-SIB
4. #54 Medical Assessment and Mgt of SIB

**Screaming**

1. #47 Screaming Behavior-Evaluation

**PICA**

1. #67 Management of PICA (Swallowing Behaviors)

**Delirium**

1. #37 Physician's Guide For Surgical Management Of Adult Residents With MR/DD
2. #71 Physician's Guide for Management of Delirium in Adults with MR/DD
3. #9 Clinical Assessment of Confusion by the Anesthesiologist for Residents With MR/DD
4. #38 Practical Management Of The Delirious Resident With MR/DD By The Nurse Anesthetist

**Inappropriate Sexual Behavior**

1. #11 Comprehensive Medical Management of Inappropriate Sexual Behavior

**Substance Abuse**

1. #50 Basic Assessment and Management of Substance Abuse-MR/DD



**ANNUAL MAC WORKER ASSESSMENT FORM**

YEAR \_\_\_\_\_

MAC WORKER: \_\_\_\_\_ MAS NURSE: \_\_\_\_\_

FACILITY(S): \_\_\_\_\_

1=very poor    2=marginal    3=average    4=very good    5=outstanding

Date	Technical Skill	Professionalism	Reliability	Respect	Signature Block	
From	To				MAS	MAC
					MAS	MAC
					MAS	MAC
					MAS	MAC
					MAS	MAC
					MAS	MAC

**COMMENT SECTION FOR MAC EVALUATION**

					MAC	_____
					Nurse	_____
					MAC	_____
					Nurse	_____
					MAC	_____
					Nurse	_____





## GUIDELINES FOR ASSESSMENT OF MAC WORKER

**A. Technical Competence.** A technically competent MAC worker is an individual who consistently assists with medications without serious, avoidable errors. Any Category-3 error is considered to be serious and requires immediate re-evaluation. Technical competence includes ability to assist with medications, ability to complete paperwork in a timely accurate manner, and adherence to dispensing regulations. Technical competence also includes issues such as handwriting on the record, timeliness for reporting, techniques for administering medications and other typical measures.

**B. Professionalism.** Professionalism is defined by the MAC worker's ability to assist residents in taking their medications, providing compliance encouragement, monitoring for side effects, and offering basic help and encouragement as defined in the MAC Manual. Professionalism includes the worker's attitude towards residents and families of residents, as well as willingness to accept constructive criticism or direction from their supervising nurse. Professionalism also includes the worker's ability to problem solve and use instruments such as the resident monitoring forms.

**C. Personal Reliability.** Reliability focuses on the worker's ability to abide by the self-reporting system for medication administration mistakes and other rules that pertain to this program. Personal integrity is an essential component to this system because medication errors are often a self-reporting issue. Falsification of records is a serious event.

**D. Respect for Resident's Rights.** Respect for resident's rights is essential and evaluates the worker's ability to respect privacy and confidentiality. This measure evaluates the worker's respect for resident's rights and individual dignity as a human being.



## Evaluation Form For Professionalism In Classroom

<b>AGENCY:</b>	_____
<b>STUDENT:</b>	_____
<b>EVALUATOR:</b>	_____
<b>DATE:</b>	_____

### KEY

1=very poor 2=marginal 3=average 4=very good 5=outstanding (indicate by circling correct number)

Instructor(s)	Units	Preparedness	Attentiveness	Class Participation
	1-3	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	4-6	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	7-9	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	10-12	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5



**CHECK LIST FOR HAND WASHING TECHNIQUES**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**PROCEDURE**

- \_\_\_\_\_ 1. Identifies 3 incidences when hand washing is necessary, i.e. before and after meal preparation, after assisting client to toilet after personal trip to toilet, before and after medication assistance.
- \_\_\_\_\_ 2. **Gathers materials for procedure, i.e. pump soap, bar soap, paper towels, hand gel.**
- \_\_\_\_\_ 3. **PUMP SOAP**
- a. Turns on water and adjusts temperature
  - b. Applies pump soap to palm (about the size of a nickel)
  - c. Washes all surfaces of hands for 15 seconds
  - d. Rinses hands with water, dry hands with paper towels (while water is running), turns off faucets with paper towels.
- \_\_\_\_\_ 4. **BAR SOAP**
- a. Turns on water and adjusts temperature
  - b. With water still running, pick up bar soap
  - c. Lather/wash hands with soap covering all surfaces of hands and fingers at least 15 seconds
  - d. Rinse off the soap and place on soap container or holder and then rinse hands, dry hands with paper towels (while water is running), turns off faucets with paper towels.
- \_\_\_\_\_ 5. **WATERLESS HAND GEL**
- a. Apply a dime size amount of gel to the palm
  - e. Rub hands together, cover all surfaces of the hands and fingers with the gel
  - f. Rub your hands together for 10-15 seconds until the gel dries



**CHECK LIST FOR ASSISTING WITH ORAL MEDICATIONS**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**PROCEDURE Oral Medications (solids)**

- \_\_\_\_\_ 1. Uses proper hand washing techniques
- \_\_\_\_\_ 2. Assembles materials needed, i.e. gloves (if necessary), medicine cup, water, drinking cups, paper towels medication administration record, medication bottles or blister packs.
- \_\_\_\_\_ 3. Identifies client, provides for privacy.
- \_\_\_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication
- \_\_\_\_\_ 5. Pops pills from blister packs or removes pills from bottle with proper technique, without touching pills
- \_\_\_\_\_ 6. Gives medications to client with water, watches him/her swallow, remains with client (checks for cheeking if indicated). (If medications is buccal or sublingual uses proper techniques, i.e. places on tongue, buccal area or under tongue)
- \_\_\_\_\_ 7. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 8. Accurately records process.

**PROCEDURE Oral Medications (liquids)**

- \_\_\_\_\_ 1. Basic procedures same as 1-4 above
- \_\_\_\_\_ 2. Adequately shakes medication if indicated (remind MAC to secure cap before shaking to prevent accidental spillage)
- \_\_\_\_\_ 3. Opens correctly, sets cap upright on clean surface
- \_\_\_\_\_ 4. Pours medications at eye level
- \_\_\_\_\_ 5. Pours correct dosage
- \_\_\_\_\_ 6. Pours away from label
- \_\_\_\_\_ 7. Wipes lip of bottle before replacing cap
- \_\_\_\_\_ 8. Gives medications to client with water, watches him/her swallow, and remains with client
- \_\_\_\_\_ 9. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 10. Accurately records process.





**CHECK LIST FOR ASSISTING WITH SKIN PREPARATIONS**

**AGENCY** \_\_\_\_\_ **STUDENT** \_\_\_\_\_

**EVALUATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**KEY**

**U=UNSATISFACTORY**

**S=SATISFACTORY**

**BASIC PROCEDURE ALL SKIN PREPARATIONS**

- \_\_\_\_\_ 1. Uses proper hand washing techniques
- \_\_\_\_\_ 2. Assembles materials needed, i.e. gloves, skin preparation containers, gauze, medication administration record,
- \_\_\_\_\_ 3. Identifies client, provides for privacy, explains procedure to client
- \_\_\_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication
- \_\_\_\_\_ 5. Puts on gloves for procedure
- \_\_\_\_\_ 6. Inspects skin for problems, i.e. redness, drainage etc, or client's complaints of pain. (Remind MAC to report problems to nurse)

**FOR CREAMS, OINTMENTS, AND PASTES:**

- \_\_\_\_\_ 7. Scoops cream out of jar with tongue blade or squeezes out of tube to gloved hand
- \_\_\_\_\_ 8. Uses downward motion to apply cream

**FOR SOLUTIONS, LOTIONS, AND SUSPENSIONS:**

- \_\_\_\_\_ 9. Pours solutions on glove hand
- \_\_\_\_\_ 10. Pats solutions onto skin, does not massage/rub

**FOR POWDERS:**

- \_\_\_\_\_ 11. Applies powder to gloved hand, instead of shaking over area (Remind MAC of rationale, i.e. client may inhale powder)
- \_\_\_\_\_ 12. Pats powder onto skin surface

**(CONTINUED)**

## **CHECK LIST FOR SKIN PREPARATIONS (CONTINUED)**

### **FOR SPRAYS:**

- \_\_\_\_\_ 13. Has client turn head away (Remind MAC of rationale, i.e. client may inhale spray)

### **FOR PATCHES:**

- \_\_\_\_\_ 14. Opens patch correctly.
- \_\_\_\_\_ 15 Does not touch patch with ungloved hand (Remind MAC of rationale, i.e. client prevents any medication from the patch from absorbing into your skin or in the wrong area for your client.)
- \_\_\_\_\_ 16. Does not rub patch

### **FOR SCALP TREATMENTS:**

- \_\_\_\_\_ 17. Reminds client to close eyes
- \_\_\_\_\_ 18. Applies treatment to scalp at natural part with gloved hands

### **FOR SHAMPOOS:**

- \_\_\_\_\_ 19. Reminds client to close eyes
- \_\_\_\_\_ 20. Works in shampoo from front to back
- \_\_\_\_\_ 21. Rinses adequately

### **BASIC PROCEDURE FOLLOWING APPLICATION OF SKIN PREPARATION:**

- \_\_\_\_\_ 22. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 23. Accurately records process.

**CHECK LIST FOR ASSISTING WITH EAR DROPS AND OTHER EAR PREPARATIONS**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**BASIC PROCEDURE ALL EAR PREPARATIONS**

- \_\_\_\_\_ 1. Uses proper hand washing techniques
- \_\_\_\_\_ 2. Assembles materials needed, i.e. gloves, ear drops containers, tissues, medication administration record,
- \_\_\_\_\_ 3. Identifies client, provides for privacy, explains procedure to client
- \_\_\_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication
- \_\_\_\_\_ 5. Puts on gloves for procedure
- \_\_\_\_\_ 6. Inspects ear for problems, i.e. redness, drainage, or client's complaints of pain etc. (Remind MAC to report problems to nurse)
- \_\_\_\_\_ 7. Properly positions client for procedure.
- \_\_\_\_\_ 8. Rolls drops in hand to warm
- \_\_\_\_\_ 9. Pulls upward and out on pinna
- \_\_\_\_\_ 10. Drops proper amount of drops in center of ear canal
- \_\_\_\_\_ 11. Cleans drops from skin with tissue
- \_\_\_\_\_ 12. Has client lie on side for 3 minutes
- \_\_\_\_\_ 13. Assists client to sit up (Explain rationale to MAC, i.e., client may be dizzy).
- \_\_\_\_\_ 14. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 15. Accurately records process.



**CHECK LIST FOR ASSISTING WITH NOSE DROPS  
AND OTHER NOSE PREPARATIONS**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**BASIC PROCEDURE ALL NOSE PREPARATIONS**

- \_\_\_ 1. Uses proper hand washing techniques
- \_\_\_ 2. Assembles materials needed, i.e. gloves, nose drops or inhaler containers, tissues, medication administration record,
- \_\_\_ 3. Identifies client, provides for privacy, explains procedure to client
- \_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication/s
- \_\_\_ 5. Puts on gloves for procedure
- \_\_\_ 6. Inspects nose for problems, i.e. redness, drainage, or client's complaints of pain etc. (Remind MAC to report problems to nurse)

**FOR NOSE DROPS:**

- \_\_\_ 7. Properly positions client for procedure (reclining position).
- \_\_\_ 8. Rolls drops in hand to warm
- \_\_\_ 9. Drops proper amount of drops in center of nostril
- \_\_\_ 11. Cleans drops from skin with tissue if necessary
- \_\_\_ 12. Has client recline for 3 minutes
- \_\_\_ 13. Assists client to sit up (Explain rationale to MAC, i.e., client may be dizzy)
- \_\_\_ 14. Returns medications to storage area, cleans area if indicated.
- \_\_\_ 15. Accurately records process

**FOR NASAL SPRAYS/INHALERS:**

- \_\_\_ 16. Properly positions client for procedure (seated or standing upright)
- \_\_\_ 17. Shakes nasal inhaler/spray if indicated
- \_\_\_ 18. Applies index finger tip to opposite nostril
- \_\_\_ 19. Sprays proper amount and has client inhale
- \_\_\_ 20. Repeats with other nostril if indicated
- \_\_\_ 21. Returns medications to storage area, cleans area if indicated.
- \_\_\_ 22. Accurately records process



**CHECK LIST FOR ASSISTING WITH EYE DROPS, OINTMENTS AND PATCHES**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**BASIC PROCEDURE ALL EYE PREPARATIONS**

- \_\_\_\_\_ 1. Uses proper hand washing techniques
- \_\_\_\_\_ 2. Assembles materials needed, i.e. gloves, eye drops containers, tissues, gauze, warm water, medication administration record, adhesive tape (for eye patch)
- \_\_\_\_\_ 3. Identifies client, provides for privacy, explains procedure to client
- \_\_\_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication
- \_\_\_\_\_ 5. Puts on gloves for procedure
- \_\_\_\_\_ 6. Inspects eye for problems, i.e. redness, drainage, or client's complaints of pain etc. (Remind MAC to report problems to nurse)
- \_\_\_\_\_ 7. Properly positions client for procedure.

**FOR EYE DROPS:**

- \_\_\_\_\_ 8. Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe)
- \_\_\_\_\_ 9. Rolls drops in hand to warm, removes cap and places on clean surface
- \_\_\_\_\_ 10. Pulls down eyelid to form a pocket
- \_\_\_\_\_ 11. Drops proper amount of drops into pocket of eyelid, bracing hand on forehead, to prevent touching the eye
- \_\_\_\_\_ 11. Cleans excess drops from skin with tissue
- \_\_\_\_\_ 12. Replaces cap of container. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 13. Accurately records process.

(CONTINUED)

**FOR EYE OINTMENTS:**

- \_\_\_\_\_ 14. Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe)
- \_\_\_\_\_ 15. Removes cap and places on a clean surface
- \_\_\_\_\_ 16. Pulls down eyelid to form a pocket
- \_\_\_\_\_ 17. Braces hand on forehead, to prevent touching the eye.  
Places a thin ribbon of ointment into the pocket of eyelid from nose to outside corner. Gently massages area if indicated
- \_\_\_\_\_ 18. Cleans excess ointment from skin with tissue
- \_\_\_\_\_ 19. Replaces cap to container. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 20. Accurately records process.

**FOR EYE PATCHES:**

- \_\_\_\_\_ 21. Cleans excess drainage if necessary with warm water or other indicated preparation (such as saline) and gauze pads, wiping from nose to outer eyelid. (clean gauze for each swipe) (Remind MAC that this may be contraindicated after some types of eye surgeries)
- \_\_\_\_\_ 22. Tears or cuts two or three 5 to 6 inch strips of tape from the roll. (You will need this to attach the pad or patch to the client's eye.)
- \_\_\_\_\_ 23. Unwraps patch with gloved hand.
- \_\_\_\_\_ 24. Applies patch to eye and tapes into place
- \_\_\_\_\_ 25. Returns patches and other equipment/medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 26. Accurately records process.



**CHECK LIST FOR ASSISTING WITH INHALERS**

AGENCY \_\_\_\_\_ STUDENT \_\_\_\_\_

EVALUATOR \_\_\_\_\_ DATE \_\_\_\_\_

**KEY**

U=UNSATISFACTORY

S=SATISFACTORY

**BASIC PROCEDURE ALL INHALERS**

- \_\_\_\_\_ 1. Uses proper hand washing techniques
- \_\_\_\_\_ 2. Assembles materials needed, i.e. gloves, inhaler containers, spacers, tissues, medication administration record.
- \_\_\_\_\_ 3. Identifies client, provides for privacy, explains procedure to client
- \_\_\_\_\_ 4. Performs 3 checks using 6 rights of med prep for each medication
- \_\_\_\_\_ 5. Puts on gloves for procedure
- \_\_\_\_\_ 6. Asks client if he has any complaints of pain, or shortness of breath (Remind MAC to report problems to nurse)
- \_\_\_\_\_ 7. Properly positions client for procedure.
- \_\_\_\_\_ 8. Removes cap of plastic mouthpiece and shakes canister.
- \_\_\_\_\_ 9. Reminds client to keep tongue flat
- \_\_\_\_\_ 10. Inserts plastic mouthpiece in an upright position and reminds client to exhale through their nose
- \_\_\_\_\_ 11. Releases proper amount of inhaler and has client inhale
- \_\_\_\_\_ 12. Counts to 10 with client
- \_\_\_\_\_ 13. Reminds client to exhale through their lips
- \_\_\_\_\_ 14. Remind client to wash out mouth with water
- \_\_\_\_\_ 15. Cleans equipment properly
- \_\_\_\_\_ 16. Returns medications to storage area, cleans area if indicated.
- \_\_\_\_\_ 17. Accurately records process.

**(PROCEDURES MAY CHANGE IF MORE THAN ONE INHALER IS USED OR IF SPACER IS REQUIRED)**



**CHECK LIST FOR DOCUMENTING MEDICATION ON THE MEDICATION  
ADMINISTRATION RECORD (MAR)**

**AGENCY** \_\_\_\_\_ **STUDENT** \_\_\_\_\_

**EVALUATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**KEY**

**U=UNSATISFACTORY**

**S=SATISFACTORY**

- \_\_\_\_\_ 1. Identifies correct MAR with the correct client
- \_\_\_\_\_ 2. Acknowledges list of allergies
- \_\_\_\_\_ 3. Identifies generic and trade names of medications
- \_\_\_\_\_ 4. Identifies correct month and date
- \_\_\_\_\_ 5. Identifies correct time
- \_\_\_\_\_ 6. Traces down to correct box
- \_\_\_\_\_ 7. Places initials in box
- \_\_\_\_\_ 8. Signs form in proper location (if this is first occurrence for documentation of meds in the present month)



# NOTES

